

**UNITED STATES DISTRICT
COURT**

DISTRICT OF MASSACHUSETTS

FILED
IN CLERKS OFFICE
for the
2019 JUN 25 PM 4:13
U.S. DISTRICT COURT
DISTRICT OF MASS.

PAUL JONES

Plaintiff

v.

Civil Action No.: **1:19-CV-11076-
FDS**

DOLAN CONNLY P.C., ET AL.

Defendant

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

LINDA Orlans
1650 West Big Beaver RD
TROY, MI 48064

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or
60
days if you are the United States or a United States agency, or an officer or employee of the United
States
described in Fed. R. Civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached
complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion
must be
served on the plaintiff or plaintiff's attorney, whose name and address are:

Paul Jones
572 Park St
Stoughton, MA 02072

If you fail to respond, judgment by default will be entered against you for the relief demanded in
the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL
CLERK OF COURT
/s/ - **Matthew McKillop**
Signature of Clerk or Deputy Clerk



ISSUED ON 2019-05-09 14:01:54.0, Clerk USDC DMA

Civil Action No.: **1:19-CV-11076-FDS**

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any)
LINDA ORLANDS
was received by me on (date) MAY 11, 2019

☐ I personally served the summons on the individual at
(place) _____
_____ on (date) _____ ; or

☐ I left the summons at the individual's residence or usual place of abode with
(name) _____
_____, a person of suitable age and discretion who resides
there,
on (date) _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Julie Moran, who is
designated by law to accept service of process on behalf of (name of
organization) _____
LINDA ORLANDS on (date) 06/07/19; or

☐ I returned the summons unexecuted because _____ ;
or

☐ Other (specify) :

My fees are \$ _____ for travel and \$ _____ for services, for a total of
\$ 26.00.

I declare under penalty of perjury that this information is true.

06/07/19
Date

Liana Williams
Server's Signature

Liana Williams
Printed name and title

12 Westminister Ave, Rox MA 02119
Server's Address

Additional information regarding attempted service, etc:

USPS Tracking®**FAQs** > (<https://www.usps.com/faqs/uspstracking-faqs.htm>)**Track Another Package +****Tracking Number:** 70151520000018143802

Remove X

On Time**Expected Delivery on****MONDAY****10** JUNE 2019 ⓘ by **8:00pm** ⓘ **Delivered**June 10, 2019 at 2:38 pm
Delivered, Left with Individual
WALTHAM, MA 02452**Get Updates** ▾**Text & Email Updates****Tracking History****Product Information****See Less** ^

Feedback

Can't find what you're looking for?

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>LINDA ORLANS C/O Julie Moran 465 Waverly Oaks RD WALTHAM, MA 02452</p>		<p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>6-4</i></p>																	
<p>2. Article Number (Transfer from service label)</p> <p>70151520000018143802</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>																	
<p>9590 9402 2891 7069 1241 55</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
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<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>																	

USPS TRACKING#

9590 9402 2891 7069 1241 55

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box®

Liana Williams
79 Thompson St
Springfield, MA 01109

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Certified Mail Fee \$3.50

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$2.80
<input type="checkbox"/> Return Receipt (electronic)	\$0.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00
<input type="checkbox"/> Adult Signature Required	\$0.00
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00

Postage \$7.35

Total Postage and Fees \$10.65

Sent To
C/O Julie Moran
Street and Apt. No., or PO Box No.
465 Waverly Oaks RD
City, State, ZIP+4®
WALTHAM, MA 02452

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions